

L22000524840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

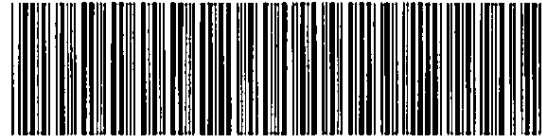
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/23--01009--011 ++00.00

FILED
2023 MAY -1 AM 7:55
TALLAHASSEE, FL

cf 5/16/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ace Custom Designs LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aislinn Jernigan
Name of Person

Ace Custom Designs
Firm/Company

35247 Reynolds St.
Address

Dade City, FL 33523
City/State and Zip Code

aislinnjernigan@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aislinn Jernigan at (678) 698-6592
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2023

AISLINN JERNIGAN
35247 REYNOLDS STREET
DADE CITY, FL 33523

SUBJECT: ACE CUSTOM DESIGNS LLC
Ref. Number: L22000524840

We have received your document for ACE CUSTOM DESIGNS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

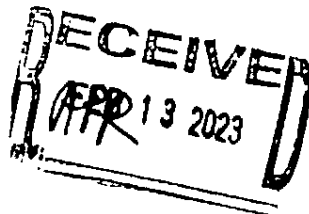
The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 323A00006934



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

** Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Ace Custom Designs LLC

2. (a) 35247 Reynolds St.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Dade City, FL 33523

(b) ~~35247~~ 35247 Reynolds St
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Dade City, FL 33523

3. 12/14/2022 Date of filing/registration in Florida

4. L22000524840 Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
476 Riverside Ave
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Jacksonville, FL 32202
FL 32202

FILED
 2023 MAY - 1 AM 7:55
 TALLAHASSEE, FL
 STATE

(b) Aislinn Jernigan
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
35247 Reynolds St.
Dade City FL 33523

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Aislinn Jernigan Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent